

USMEPCOM ACCESSION VERIFICATION PACKET ARMY RESERVE/LEFT SIDE (For use of this form, see USMEPCOM Reg 601-23)		FOR OFFICIAL USE ONLY			
		Page 1 of 2 Pages			
		SUB-PACKET NUMBER			
DOCUMENTS		1	2	3	4
<input type="checkbox"/>	Orders and any amendments	NA	7cy	cy	3cy
<input type="checkbox"/>	DD Form 2808 (Report of Medical Examination) with waiver documents, if applicable, and all Medical supporting documents from consults etc.	cy	O	NA	cy
<input type="checkbox"/>	DD Form 2807-1 (Report of Medical History)	cy	O	NA	cy
<input type="checkbox"/>	Audiogram	NA	O	NA	NA
<input type="checkbox"/>	USMEPCOM Form 40-1-2-R-E (Report of Medical Examination/Treatment)	NA	O/cy	NA	NA
<input type="checkbox"/>	DD Form 2807-2 (Medical Prescreen of Medical History)	NA	O	NA	NA
<input type="checkbox"/>	USMEPCOM Form 40-8-1-R-E (HIV Antibody Testing Acknowledgment)	NA	O/cy	NA	NA
<input type="checkbox"/>	DD Form 2005 (Privacy Act Statement-Health Care Records)	NA	O/cy	NA	NA
<input type="checkbox"/>	DD Form 1966-series (Record of Military Processing-Armed Forces of the United States)	O	cy	cy	cy
<input type="checkbox"/>	DD Form 4-series (Enlistment/Reenlistment Document-Armed Forces of the United States)	O	cy	cy	cy
<input type="checkbox"/>	USMEPCOM PCN 680-3ADP (See para. 8-8 if not available)	NA	O	NA	NA
<input type="checkbox"/>	SF 86 (Questionnaire for National Security Positions) or EPSQ printout version and SF 86A (Continuation Sheet for Questionnaires SF 86, SF 85P, and SF 85)	cy	cy	cy	NA
<input type="checkbox"/>	ENTNAC Results/DIS Form 1 (Report of National Agency Check) (manual ENTNAC/NAC)	NA	O	NA	NA
<input type="checkbox"/>	USMEPCOM Form 601-23-4-E (Restrictions on Personal Conduct in the Armed Forces)	NA	O	cy	NA
<input type="checkbox"/>	USMEPCOM Form 40-8-R-E (Drug and Alcohol Testing Acknowledgment)	NA	O/cy	NA	NA
<input type="checkbox"/>	DD Form 214 (Certificate of Release or Discharge from Active Duty), or NGB Form 22 (Report of Separation), DD Form 215, (Correction to DD Form 214) and/or DD Form 220 (AD Rpt), or similar document)**	cy	cy	O	cy
<input type="checkbox"/>	DD Form 368 (Request for Conditional Release)	NA	cy	cy	cy
<input type="checkbox"/>	DD Form 369 (Police Record Check)	cy	cy	NA	NA
<input type="checkbox"/>	DD Form 372 (Request for verification of Birth)**	cy	O	cy	cy
<input type="checkbox"/>	DOD Form 1304.12-K (ASVAB Scoring Worksheet)	NA	O	NA	NA
<input type="checkbox"/>	DD Form 1879 (Request for Personnel Security Investigation)	NA	cy	NA	cy
<input type="checkbox"/>	SF 1199A (Direct Deposit Program Form)	NA	O	NA	NA
<input type="checkbox"/>	DD Form 93 (Record of Emergency Data)	NA	O/cy2	cy3	cy4
NOTE: Place a check mark in the block to the left of the documents for documents that are required and included. Place an "NA" in the block to the left of the documents for documents that are not required. Place an "NP" in the block to the left of the documents for documents that are not provided.					
The Inclusion/Sequence of Forms Verified By					
_____ USMEPCOM Rep Signature			_____ Printed Name of USMEPCOM Rep		

ARMY RESERVE ADDRESSES AND NOTES
TABLE 8-2

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PACKET NUMBER

- 1 Cdr, AR-PERSCOM, ATTN: APRC-CIS-PP, 1 Reserve Way, St. Louis, MO 63132-5200 (note 2)
- 2 AG Battalion (Reception) or training activity (note 3)
- 3 Enlistee (Applicants will receive their documents (packet 3) before they depart the MEPS)
- 4 Troop Program Unit (note 3) and National Army Medical Department (AMEDD) Augmentation Detachment (NAAD) (NOTE 3a), and Reserve Associate Support Program (RASP) (note 3b)

NOTE: MIRS produced forms will be on plain white bond paper via laser printer. Reproduction of MIRS laser printed forms will not be used as an original. Follow DD Form 4 copy guidance in Chapter 5.

LEGEND

**denotes a document that is distributed "if applicable"
O denotes an original, "cy" denotes a copy,
O/cy means that an original or copy can be included in the packet
2cy denotes 2 copies
cy2 denotes copy 2
NA means that distribution is not required

NOTES:

1. ** IF APPLICABLE.
2. For U.S. Army Chaplain candidates:
 - a. Forward the original copy of the completed physical, with ALL test results recorded, and DD Form 2808. Item #74b/SF 88, item #76 (PULHES) completed to:

CDR AR-PERSCOM
ATTN: ARPC-PSP-OPA
1 Reserve Way
St. Louis, MO 63132-5200
 - b. Mail completed copy of the physical to the applicant for submission with their application packet.
 - c. Give a working copy of the physical to the officer applicant before he/she leaves the MEPS.
3. This packet is retained by Army Service counselor/liaison for enlistees scheduled to return to the MEPS for IADT/ADT. If enlistee is not scheduled to enter on active duty for training, forward this packet to the reserve Troop Program Unit (TPU).
 - a. If notified by the Army Service counselor/liaison that enlistee is to be assigned to TPU with further assignment to the National Army Medical Department (AMEDD) Augmentation Detachment (NAAD), send Packet 4 to:

National AMEDD Augmentation Detachment
3800 N. Camp Creek Parkway, S.W.
Atlanta, GA 30331-5099
 - b. If enlistee is accessed under the RASP program, send Packet 4 to:

U.S. Army Reserve Command
DCSPER
ATTN: AFRC-PRS-P (RASP)
3800 N. Camp Creek Parkway, S.W.
Atlanta, GA 30331-5099
4. USMEPCOM Form 601-23-E, if applicable, USMEPCOM Form 680-3A-E, and any remaining extraneous copies of forms or papers will be furnished to the Service counselor/liaison for the recruiting residual files or other disposition.
5. USAR enlistees. Mail directly to the TPU a packet on each applicant that enlists. Anchorage and Honolulu MEPS will mail the packet to the following addresses:

Alaska-Commander 813th Engineer Bn (Const) ATTN: Records NCO Fort Richardson, AK 99505	Honolulu-Commander IX Corps (Reinf) ATTN: APIX-RG Fort DeRussy, HI 96815-1997
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6. Shipping of applicants will not be delayed due to non-receipt of Service unique forms and/or documents.